

- 1 Financial Statements
- 2 Compliance Audit
- 3 Completeness Checklist
- 4 Upload Attachments
- 5 Submit

FSA Annual Submission COMPLIANCE AUDIT

» Academy of Hair Design
• OPEID:03276300 ——— Locator OPEID

Select Compliance Audit: 03277300 — Dropdown Option Allows Locator to select from List of Locator and Child OPEIDs

All fields are required.

1. Our records indicate that this group contains the following OPEIDs:

*If this information is incorrect, please contact the eZ-Audit Help desk at fsaezaudit.ed.gov

OPE_ID	NAME	LOCATOR	City	State
03276300	Academy of Hair Design	X	Baltimore	MD
03277300	Academy of Hair Design		Annapolis	MD

Added City/State Columns

2. Indicate the Title IV program(s) in which your institution participates:

		Audited	Closeout
FSEOG	84.007	<input type="checkbox"/>	<input type="checkbox"/>
FFELP	84.032	<input type="checkbox"/>	<input type="checkbox"/>
FWS	84.033	<input type="checkbox"/>	<input type="checkbox"/>
FPL	84.038	<input type="checkbox"/>	<input type="checkbox"/>
Pell	84.063	<input type="checkbox"/>	<input type="checkbox"/>
FDLP	84.268	<input type="checkbox"/>	<input type="checkbox"/>

3. Indicate the Period Audited (mm/dd/yyyy):

Begin Date:

End Date:

Reason if Less than 1 Year:

4. Review Auditor Information:

Records Indicate your Current Auditor Is: 111111111

Is this information correct?: YES NO
☐ ☐

Enter Auditors TIN:

5. Does this compliance audit contain any findings related to the FSA Title IV programs?

☐ YES ☐ NO

If yes, do these include findings of the following types?

Pell Adjustment: YES NO
☐ ☐

Student Eligibility: ☐ ☐ If Yes, Summary Schedule A is required in the attached audit

Disbursement: ☐ ☐ If Yes, Summary Schedule B is required in the attached audit

Refunds: ☐ ☐ If Yes, Summary Schedule C is required in the attached audit

6. Does the attached audit indicate that this examination was conducted in accordance with:

Generally Accepted Government Auditing Standards (GAGAS): YES NO
☐ ☐

Audit Guide: ☐ ☐

7. Opinion Type

— Select an Opinion Type —

8. Were there audit findings in the previous year's audit?

☐ YES ☐ NO

9. Does Institution utilize a Third-Party Servicer?

☐ YES ☐ NO

10. Does the attached audit indicate that management assertions have been examined, that the institution complied with the specified compliance requirements regarding:

Institutional Eligibility and Participation: YES NO
☐ ☐

Reporting: ☐ ☐

Student Eligibility: ☐ ☐

Disbursements: ☐ ☐

Refunds: ☐ ☐

GAPS and Cash Management: ☐ ☐

Perkins: ☐ ☐

Administrative Capability: ☐ ☐

CANCEL SAVE SAVE AND PROCEED